

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 20, 2001 8:00 am
Secretary of State

03-20-2001 90056 021 ***150.00

DOCUMENT # P99000107631

1. Entity Name

SUNBURNT REDHEADS, INC.

Principal Place of Business

150 NE 15TH AVE., STE. 1122
 FT. LAUDERDALE FL 33301

Mailing Address

SUNBURNT REDHEADS INC.
 PO BOX 30136
 FT LAUDERDALE FL 33303

817680



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

11060 CAMERON COURT

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

#101

City & State

DAVIE, FL

4. FEI Number

06-1565568

Applied For

Not Applicable

5. Certificate of Status Desired

☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

SIMS, GWEN M
150 NE 15TH AVE., STE. 1122
FT. LAUDERDALE FL 33301

7. Name and Address of New Registered Agent

Name

GWEN M SIMS

Street Address (P.O. Box Number is Not Acceptable)

11060 CAMERON COURT, #101

City

DAVIE

FL

Zip Code

33324

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

Gwen Sims

3-12-01

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☒ (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE **P** ☐ Delete
 NAME **SIMS, MICHAEL S**
 STREET ADDRESS **150 NE 15TH AVE STE 1122**
 CITY-ST-ZIP **FORT LAUDERDALE FL 33301**

TITLE **ST** ☐ Delete
 NAME **SIMS, GWEN M**
 STREET ADDRESS **150 NE 15TH AVE STE 1122**
 CITY-ST-ZIP **FORT LAUDERDALE FL 33301**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☒ Change ☐ Addition
 NAME **SIMS, MICHAEL S**
 STREET ADDRESS **11060 CAMERON CT #101**
 CITY-ST-ZIP **DAVIE, FL 33324**

TITLE **ST** ☒ Change ☐ Addition
 NAME **SIMS, GWEN M**
 STREET ADDRESS **11060 CAMERON CT #101**
 CITY-ST-ZIP **DAVIE, FL 33324**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Gwen Sims

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-12-01

Date

(954) 370-1168

Daytime Phone #

CR2E034 (10/00)